

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27626
Registrar's No. 6941

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6941	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chesterfield 74			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) Baxter Rd.			
3. NAME OF DECEASED (Type or Print) Eva		a. (First) C.		b. (Middle) Eberwein		c. (Last)	
4. DATE OF DEATH Aug 8 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 30 1898		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months 10 Days 8		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Soloman Fleisher		13b. MOTHER'S MAIDEN NAME Elizabeth Bell Crawford		14. NAME OF HUSBAND OR WIFE Henry Eberwein			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Henry Eberwein Rt 2, Chesterfield			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infective decubitus ulcers; Fracture of the left femur; Tuberculosis subacute suffered due to (b) fall from porch of home due to (c) March 17, 1956, at Chesterfield Missouri 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. AGONY (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Chesterfield Mo. (COUNTY) (STATE)			
21d. TIME OF INJURY Mar 17 56 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 902.0			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Quinn		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-11-1955		24c. NAME OF CEMETERY OR CREMATORY Gumbo Cemetery		24d. LOCATION (City, town, or county) (State) Gumbo Mo	
DATE REC'D BY LOCAL REG. AUG 9 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home		ADDRESS Ballwin, Mo	

G. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballerin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.